

Notification of Application for Grant Funds/Awards, 2007-08

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.

Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS).....
- 3 DHHS only, choose division from drop down list.....
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 8 CFDA number.....
- 9 Grant title
- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 17 If yes, what is the matching requirement?
- 18 If yes, what is the source of state funds being used to match grant funds.
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?
- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?
- 27 If yes, number by type for each year: Permanent Time-Limited
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Community Colleges System Office
Economic & Workforce Deve
Barbara Boyce
807-7158
boyceb@nccommunitycolleges.edu
NC Tobacco Trust Fund Commission

Project Skill-Up

08/07/07
01/01/08
12/31/08
Continuation/renewal
No
16800
1500
No

No
No

No
Yes

local govt

No
No
No

For 2007-08

SFY 2006-07

SFY 2007-08

SFY 2007-08

SFY 2008-09

SFY 2009-10

SFY 2010-11

Actual

Authorized

Proposed

Proposed

Proposed

Proposed

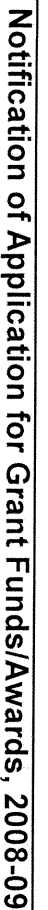
\$179,356.00

\$242,000.00

\$242,000.00

This is for stating the purpose of the grant. Project Skill-Up addresses the need for all North Carolinians to achieve higher educational attainment levels. The requested funds will allow local college sites to develop a media toolkit to recruit targeted individuals impacted by tobacco-related employment and to aggressively seek individuals to participate in activities focused on skills assessment and short-term occupational skills training to upgrade their current skills and provide them with portable occupational credentials.

This is a general (or specific) comments section. This 12-month grant will be split between two state fiscal years.



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Department of Agriculture and Consumer Services
Food & Drug Protection (35-09-FD)
Betty Gautier
919-735-7366
Betty.Gautier@ncagr.gov
US Food & Drug Administration
Tissue Residue Contract

10/01/08
09/01/08
08/31/08
Continuation/renewal
No
13700
1100
No

No

No
No
No

No
No
No

		\$3,120.00			

35-09-FD; OSBM application notification. Total requested grant amount is \$3,120.00. Copy Sandi Cummings on 10/27/08. KW Copies to Donna Cox & Terri Overton 10-

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

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4	Contact person (name).....
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6	Funding Entity (grantor).....
7	CFDA number.....
8	Grant title.....
9	Grant application deadline (MM/DD/YYYY).....
10	Start date of grant (MM/DD/YYYY).....
11	End date of grant (MM/DD/YYYY).....
12	Application type.....
13	Is this grant already in agency's continuation budget?
14	Budget code the grant will be expended in (XXXXXX)....
15	Fund code (XXXX or NA).....
16	Is there a state matching requirement?
17	If yes, what is the matching requirement?
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19	Is there a maintenance of effort (MOE) requirement?
20	If yes, what is the MOE?
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27	If yes, number by type for each year:
28	Amount of grants funds applied for in each year.....
29	Amount of grants funds awarded in each year.....
30	Purpose of grant or amendment.....
31	Comments.....

Notification of Application for Grant Funds/Awards 2008-09

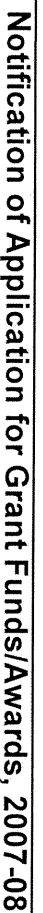
Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-2005. 919-807-4700.

<p>Department Division (except in DHS) DHHS only; choose division from drop down list. Contact person (name) Phone number E-mail Funding Entity (grantor) CFDA number Grant title</p>				
<p>WIA Adult Activities - Advance WIA Dislocated Workers - Advance State formula</p>				
<p>17.26</p>				
<p>9 Grant application deadline (MM/DD/YYYY)</p>				
<p>10 Start date of grant (MM/DD/YYYY)</p>				
<p>11 End date of grant (MM/DD/YYYY)</p>				
<p>12 Application type</p>				
<p>13 Is this grant already in agency's continuation budget?</p>				
<p>14 Budget code the grant will be expended in (XXXXX)</p>				
<p>15 Fund code (XXXX or NA)</p>				
<p>16 Is there a state matching requirement?</p>				
<p>17 If yes, what is the matching requirement?</p>				
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<p>23 If yes, identify affected entities by type</p>				
<p>24 Will additional state monies be required to continue the program if grant expires or is reduced?</p>				
<p>25 If yes, is this a requirement of the grant?</p>				
<p>26 Are new FTEs funded through the grant?</p>				

	SFY 2007-08	For 2008-09		SFY 2009-10	SFY 2010-11	SFY 2011-12
	Actual	Complete either Authorized or Proposed	Authorized	Proposed	Proposed	Proposed
No						
Yes						
local govt						
No						
No						
No						

	SFY 2007-08	\$38,654,775.00				
Workforce Investment Act funds this is grant modification #2 bringing the combined level for program from \$1,750,757.00 to \$1,750,757.00 for the Fiscal Year 2008-09. Grant AA-17-133-08-55-A-37						

All signatures are provided here:



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Judicial Branch
ADMINISTRATIVE OFFICE OF THE COURTS
JON BELLAWS
336.412.7910
Jon.J.Bellaws@nccourts.org
Gwinford County

GUILFORD COUNTY MENTAL HEALTH COURT

10/01/08
09/30/09
Continuation/renewal
Yes
22001
2100
No

No

No
No
Yes
No
No

ed					
	\$71,027.00			\$94,312.00	
				\$94,312.00	

Provide continued funding to the Mental Health Court in Guilford County to increase collaboration among service providers to find the best services available for participants.

Grant application deadline: July 23, 2008

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.



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- 5 E-mail
- 6 Funding Entity (grantor)

- 7 CFDA number
- 8 Grant title

- 9 Grant application deadline (MM/DD/YY)
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- 17 If yes, what is the matching requirement?

- 18 If yes, what is the source of state funds being used to match grant funds?
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?

- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?

- 27 If yes, give the number by type for each year: Permanent
Time-Limited
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment

- 31 Comments

Judicial Branch

ADMINISTRATIVE OFFICE OF THE COURTS

BRENDA BREWER

828-466-6155

brenda.brewer@nccourts.org

Governor's Crime Commission

CATAMBA PROFESSIONAL RESPONSE TO DOMESTIC VIOLENCE

01/13/08

10/01/08

10/03/08

New

Yes

22001

2090

Yes

In-kind match in the amount of \$1,296.97

General Fund

No

No

No

Yes

No

No

For 2007-08

Complete either Authorized or Proposed

SFY 2006-07

Actual

Authorized

SFY 2007-08

Proposed

SFY 2008-09

Proposed

SFY 2009-10

Proposed

SFY 2010-11

Proposed

\$3,890.90

\$3,890.90

Pay the travel expenses of an ADA in District 25 to attend a national domestic violence conference

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1 Department	Department of Commerce
2 Division (except in DHS)	Division of Workforce Development
3 DHHS only, choose division from drop down list	
4 Contact person (name)	Crystal Talmadge
5 Phone number	(919) 329-5256
6 E-mail	ctalmadge@nccommerce.com
7 Funding Entity (grantor)	USDOL
8 CFDA number	17.26
9 Grant title	NEG HCTC Gap Filler II
10 Grant application deadline (MM/DD/YY)	
11 Start date of grant (MM/DD/YY)	06/30/07
12 End date of grant (MM/DD/YY)	12/31/08
13 Application type	Continuation/renewal
14 Is this grant already in agency's continuation budget?	Yes
15 Budget code the grant will be expended in (XXXX)	24600
16 Fund code (XXXX or NA)	2580
17 Is there a state matching requirement?	No
18 If yes, what is the matching requirement?	
19 If yes, what is the source of state funds being used to match grant funds.	
20 Is there a maintenance of effort (MOE) requirement?	No
21 If yes, what is the MOE?	
22 Is an additional General Fund appropriation required to meet the state match requirement?	No
23 Will any of these funds be passed through to local governments or non-state entities?	Yes
24 If yes, identify affected entities by type	local govt
25 Will additional state monies be required to continue the program if grant expires or is reduced?	No
26 If yes, is this a requirement of the grant?	
27 Are new FTEs funded through the grant?	No

27 If yes, give the number by type for each year: Permanent	Complete either Authorized or Proposed			
	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10
28 Amount of grants funds applied for in each year	Actual	Authorized	Proposed	Proposed
29 Amount of grants funds awarded in each year	For 2008-09			
30 Purpose of grant or amendment	Time-Limited			
31 Comments	NEG grant modification 6 request for July 2008 is to increase the supplement health care services to dislocated workers from 2,750,000 to 4,000,000 in total for grant EMI 59380760A37			
	All authorize signature are here:			

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1 Department	Department of Agriculture and Consumer Services
2 Division (except in DHHS)	Food & Drug Protection (18-09-FD)
DHHS only, choose division from drop down list.....	
3 Contact person (name)	Betty Gautier
4 Phone number	919-733-7366
5 E-mail	Betty.Gautier@ncagr.gov
6 Funding Entity (grantor)	USDA, Food Safety & Inspection Service (FSIS), FERN Div.
7 CFDA number	10.479
8 Grant title	FSIS FERN Microbiology
9 Grant application deadline (MM/DD/YY)	07/30/08
10 Start date of grant (MM/DD/YY)	09/30/08
11 End date of grant (MM/DD/YY)	09/29/09
12 Application type	New
13 Is this grant already in agency's continuation budget?	No
14 Budget code the grant will be expended in (XXXX)	13700
15 Fund code (XXXX or NA)	1100
16 Is there a state matching requirement?	No
17 If yes, what is the matching requirement?	
18 If yes, what is the source of state funds being used to match grant funds.	
19 Is there a maintenance of effort (MOE) requirement?	No
20 If yes, what is the MOE?	
21 Is an additional General Fund appropriation required to meet the state match requirement?	No
22 Will any of these funds be passed through to local governments or non-state entities?	No
23 If yes, identify affected entities by type	
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No
25 If yes, is this a requirement of the grant?	
26 Are new FTEs funded through the grant?	Yes

		For 2008-09			
		Complete either Authorized or Proposed			
SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
Actual	Authorized	Proposed	Proposed	Proposed	Proposed
		1,000			
		\$191,768.00	\$27,292.00		

To address gaps in existing FERN food defense for identification of staphylococcal enterotoxins and to expand food matrices for the VIDAS SET 2 platform. Funds will be expended for salaries, fringe benefits, travel, equipment and supplies. There is an indirect cost of 13.55% in an amount of 5,376.00.

18-09-FD, OSBM application notification. This is a new one year grant with possible renewable funding for several more years. One FTE (Agricultural Microbiologist II) will be established under this grant. Total requested amount of grant is 219,000.00. Copy to Sandi Cummings 10/28/08. KW Copies to Donna Cox & Terri Overton 10/28/08 SGC.

31 Comments

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1 Department	Department of Agriculture and Consumer Services
2 Division (except in DHHS)	Food & Drug Protection (18-09-FD)
DHHS only, choose division from drop down list	
3 Contact person (name)	Betty Gautier
4 Phone number	919-733-7366
5 E-mail	Betty.Gautier@ncagr.gov
6 Funding Entity (grantor)	USDA, Food Safety & Inspection Service (FSIS), FERN Div.
7 CFDA number	10.479
8 Grant title	FSIS FERN Microbiology
9 Grant application deadline (MM/DD/YY)	07/30/08
10 Start date of grant (MM/DD/YY)	09/30/08
11 End date of grant (MM/DD/YY)	09/29/09
12 Application type	New
13 Is this grant already in agency's continuation budget?	No
14 Budget code the grant will be expended in (XXXX)	13700
15 Fund code (XXXX or NA)	1100
16 Is there a state matching requirement?	No
17 If yes, what is the matching requirement?	
18 If yes, what is the source of state funds being used to match grant funds	
19 Is there a maintenance of effort (MOE) requirement?	No
20 If yes, what is the MOE?	
21 Is an additional General Fund appropriation required to meet the state match requirement?	No
22 Will any of these funds be passed through to local governments or non-state entities?	No
23 If yes, identify affected entities by type	
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No
25 If yes, is this a requirement of the grant?	
26 Are new FTEs funded through the grant?	Yes

	For 2008-09			
	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10
	Actual	Authorized	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent		1,000		
Time-Limited				
28 Amount of grants funds applied for in each year				
29 Amount of grants funds awarded in each year	\$0.00	\$191,768.00		\$27,232.00
30 Purpose of grant or amendment	To address gaps in existing FERN food defense for identification of staphylococcal enterotoxins and to expand food matrices for the VIDAS SET 2 platform. Funds will be expended for salaries, fringe benefits, travel, equipment and supplies. There is an indirect cost of 13.55% in an amount of 5,376.00.			
31 Comments	18-09-FD, OSBM application notification. This is a new one year grant with possible renewable funding for several more years. One FTE (Agricultural Microbiologist II) will be established under this grant. Total requested amount of grant is 219,000.00. Copy to Sandi Cummings 10/28/08. KW Copies to Donna Cox & Terri Overton 10/28/08 SGC. Award #. FSIS-C-07-2008/01 00. Copies to Donna Cox & Terri Overton 10/28/08			

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OSBM

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Department of Agriculture and Consumer Services					
Food & Drug Protection (18-09-FD)					
Betty Gautier					
919-733-7366					
Betty.Gautier@ncagf.gov					
USDA, Food Safety & Inspection Service (FSIS), FERN Div.					
10 479					
FSIS FERN Microbiology					
07/30/08					
09/30/08					
09/29/09					
New					
No					
13/700					
11100					
No					
No					
No					
Yes					
		For 2008-09 Complete either Authorized or Proposed			
SFY 2007-08		Authorized		Proposed	
Actual		1,000			
	\$0.00		\$191,768.00		
To address gaps in existing FERN food defense for identification of staphylococcal expanded for salaries, fringe benefits, travel, equipment and supplies. There is an in					
(18-09-FD). OSBM application notification. This is a new one year grant with possible					

SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed
\$27,232.00		

Expenditures and to expand food matrices for the VIDAS SET 2 platform. Funds will be used for the purchase of reagents and consumables for the VIDAS SET 2 platform. Total cost of 13.55% in an amount of 5,376.00.

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WEST

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
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Department of Agriculture and Consumer Services
Food & Drug Protection (35-09-FD)
Betty Gautier
919-733-7366
Betty.Gautier@ncagr.gov
US Food & Drug Administration
Tissue Residue Contract for Food

10/01/08
09/01/08
08/31/08
Continuation/renewal
No
13/700
1100
No

No

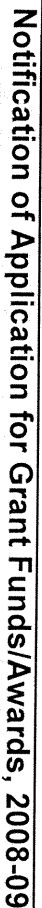
No
No
No

NO
NO
NO

	\$9,360.00			
Provide financial assistance to USDA in reducing the number and severity of drug residues found in food animals. Funds will be used for sampling tissue in edible foods for				

35-09-FD; OSBM application notification. A total of \$9360 is obligated under contract number HHS-2232008400101. The actual amount reimbursed will depend upon the

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Department of Agriculture and Consumer Services
Food & Drug Protection (35-09-FD) REVISED
Betty Gautier
919-733-7366
Betty.Gautier@ncagr.gov
US Food & Drug Administration
Tissue Residue Contract for Feed - REVISED

10/01/08
09/01/08
08/31/08
Continuation/renewal
No
13/00
11/00
No

No

No
No
No
No
No

d			\$9,360.00		

Provide financial assistance to USDA in reducing the number and severity of drug residues in the edible tissue of food animals.

35-09-FD; OSBM application notification. Total requested grant amount is \$9360. Copy Sandi Cummings on 10/27/08. KW Copies to Donna Cox & Terri Overton 10-27-08

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